DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, N.W.
Washington, DC 20307-5001

WRAMC Pamphlet
No. 40-3

30 August 2002

Medical Services

WALTER REED PROVIDER HEALTH PROGRAM

1. PURPOSE. This regulation establishes policy, responsibility, and procedures at Walter Reed Army Medical Center (WRAMC) for the Provider Health Program (PHP).

2. APPLICABILITY. The policies and procedures established in this regulation apply to all HCPs assigned or attached to WRAMC (Active Duty, Reserve, National Guard and civilian credentialed providers; trainees in credentialed areas; pharmacists, pharmacy techs, RNs, LPNs/91WM6s, and psychiatric technicians/91Xs), who have been given direct patient care responsibilities or who supervise patient care, whether or not privileged, in accordance with guidance contained in references 3a through 3d below and other applicable directives.

3. REFERENCES.

a. Public Law 91-513, The Comprehensive Drug Abuse Prevention and Control Act of 1990.

b. AR 40-68, Quality Assurance Administration.

c. AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

d. AR 614-5, Stabilization of Tours.

4. TERMS. Explanation of Terms and Abbreviations.

a. Advocacy - To work in the support of, to defend, or maintain a cause. In this case, to work in the support of impaired providers, acting as their advocate, within the limitations of the system.

b. Aftercare/Follow up Care - The program of activities in the remainder of the one-year enrollment following a residential program.

c. Clinical Privileges - Authorization recommended by the Credentials Committee, and approved by the Medical Treatment Facility (MTF) Commander to provide specific patient care and treatment services in the organization, within well defined limits, based on an individual's license, education, training, experience, competence, judgment and health status.

d. Health Care Provider (HCP) - Active duty, Reserve, National Guard and civilian credentialed health care providers; trainers in credentialed areas; pharmacists, RNs, LPNs/91WM6s, and psychiatric technicians/91Xs assigned or attached to WRAMC who have been given direct patient care responsibilities or who supervise patient care, whether or not privileged.

---

*This pamphlet supersedes WRAMC Pam 40-3, dated 9 November 1994.

e. Impaired Provider - Any HCP who has medical, psychiatric, or substance abuse problems that could potentially result in an inability to provide safe patient care. Evidence of improper decision making or patient harm is not required to identify a HCP as an Impaired Provider. All HCPs with ongoing drug or alcohol abuse are, by definition, Impaired Providers. (See AR 40-68, Chapter 7.)

f. Monitoring Plan - For HCPs with drug or alcohol abuse problems, a contracted plan between the impaired HCP, the treating physician (if applicable), Supervisor, PHP, and the ASAP (Army Substance Abuse Program, formerly known as the Community Counseling Center—CCC—or Alcohol and Drug Abuse Prevention and Control Program-ADAPC. At WRAMC the ASAP serves as the outpatient substance abuse treatment service for the installation.

g. DA Form 2499 (Health Care Practitioner Action Report) - A Department of the Army form used to report privileging actions and impairment (available through the Forms and Publications section).

5. PHP COMMITTEE MEMBERSHIP:

a. Members will be appointed by the DCCS, and whenever possible, will include the following:

(1) Committee Chairperson (appointed by the WRAMC DCCS).

(2) Adult Primary Care Clinician (from Internal Medicine, etc.).

(3) Psychiatrist, Department of Psychiatry.

(4) Registered Nurse (usually Psychiatry Liaison Clinical Nurse Specialist).

(5) Clinical Director, ASAP.

(6) NCOIC with supervisory role in clinical care.

(7) Chief, Medical Staff Services (Credentials Liaison & Recorder).

(8) Judge Advocate Corps representative, this member need not attend regular meetings but must be available for consultation and/or attendance when legal questions arise.

One committee member may simultaneously fill more than one of these positions (i.e. the Chief, QSD and Administrative Officer, Recorder or the Committee Chairperson and any other defined membership position may be held by the same person or by different people).

b. Membership may also include:

(1) A recovering HCP with greater than two years successful recovery.

(2) Troop Commander/Brigade Commander/Chief, Personnel.

(3) Civilian employee assistance counselor or similar civilian specialist

c. Members will be nominated by the PHP Committee and approved by the DCCS.

6. RESPONSIBILITIES.

a. PHP responsibilities.

(1) To recommend to the Command, WRAMC, the management of HCPs identified as impaired.

(2) To assure that the Army Substance Abuse Program (ASAP) has evaluated any health care provider referred to the PHP because of possible alcohol or drug problems.

(3) To review evaluations of HCPs referred to the PHP for evidence of impairment.

(4) To make recommendations regarding the restrictions/monitoring of clinical practice for impaired HCPs.

(5) To monitor the rehabilitation of impaired HCPs during treatment, aftercare/follow up care and monitoring periods and update the command on their status.

(6) To make recommendations regarding the phased return to full clinical practice after treatment or identification (monitoring plan).

(7) To develop and provide educational programs for the institution on recognition, responsibilities and procedures regarding the impaired HCP and the role of the PHP and Committee.

(8) To contact/consult the Center Judge Advocate General (JAG) or Medical JAG Officer for guidance prior to confrontation of providers on possible criminal violations or other areas of legal concern. This officer may serve as an ad hoc member for the committee as needed.

(9) To coordinate reporting of impaired HCPs via DA 2499, through established channels (WRAMC Command to the Medical Command Headquarters) when regulations demand. Actual reporting chain is addressed in 7.d.(6)&(7) and in 8.f.(6)&(7) below.

(10) To educate/notify Supervisors of their responsibilities in dealing with HCPs with possible impairment.

(11) To serve as an advocate both for the HCP and for the patients under his/her care. PHP members will preserve confidentiality of impaired providers except in areas where others have a clear need to know, expedite evaluation and/or treatment, and promote fair and equitable treatment of all HCPs within system boundaries.

(12) To have an appropriate PHP representative meet with each impaired provider to notify that person that they are being followed by the committee, to explain the purpose of the committee, and to answer questions. This notification will be documented using the form in (*Appendix A)* which will be kept on file with other Impaired Provider documents and which is similarly protected from disclosure.

(13) To similarly have an appropriate PHP representative meet with each impaired provider after their treatment program concludes to clarify implications for future practice and the risks of treatment relapse (*Appendix B)*.

b. Medical Company Commanders Responsibilities. The Medical Company Commanders will be responsible for initiating any investigations of possible criminal conduct. They will also be responsible for sending referrals (DA Form 8003, Alcohol & Drug Abuse Prevention and Control Program) to the ASAP for any provider/soldier whom they suspect /identify as having possible impairment due to drug or alcohol problems.

c. WRAMC Staff Responsibilities. The WRAMC Staff is responsible for cooperating with the PHP Program IAW AR 40-68 and this regulation. Supervisors will refer to the ASAP any provider suspected of having potential drug or alcohol problems. Supervisors will also refer to the PHP any Health Care Provider suspected of having potential impairment as defined in 4(4) above.

d. Army Substance Abuse Program Responsibilities. The ASAP will immediately report to the chairman of the PHP any HCP who is identified as having potential impairment.

7. MANAGEMENT OF MEDICAL OR PSYCHIATRIC IMPAIRMENT

a. Any HCP known or suspected of having a medical or psychiatric problem which impairs his/her duty performance will be reported to the PHP either verbally or in writing by responsible supervisors as outlined above. Such problems include medical or psychiatric illness prompting: (I) admission to a hospital/treatment facility, (II) restriction of medical practice by a supervisor, (III) illness-related absences from work, or (IV) suspicion of impaired duty performance. Items I and III do not require referral if they are medical problems that are expected to be self-limited and are unlikely to cause any prolonged impact upon performance. The PHP will request the following:

(1) A statement of diagnosis, prognosis and implications for clinical performance from the primary physician and/or psychiatrist treating the potentially impaired provider. (*Appendix C*)

(2) A statement concerning current clinical performance from at least one immediate Supervisor. This statement should also address illness-related absences and any restriction of medical practice by a supervisor. **(***Appendix D***)**

(3) Recommendations regarding the HCPs scope of clinical practice from his/her Department Chief, if this is not adequately clarified by the supervisor's report.

(4) If evaluation by the ASAP is deemed appropriate, a statement from the ASAP.

b. The PHP committee will review the above statements and recommendations and, when advisable, will recommend limitations of practice. For privileged HCPs, those recommendations will be made to the Credentials Committee for their action. The Credentials Committee will then send their recommendations through the chain of command (DCCS to the Commander for approval). For non-privileged HCPs, the recommendations will be made directly to the Department Chief and/or DCCS, as appropriate.

c. Reports.

(1) Both the supervisor and the primary physician of the monitored impaired provider will submit written reports (at least quarterly) during the monitoring period to the PHP committee. (*Appendix E*)

(2) Individuals monitoring impaired HCPs will notify the Supervisor and the PHP immediately upon any sign of relapse or failure to follow a monitoring plan (if specified) or of any evidence of deteriorating or impaired performance.

(3) Monthly progress reports will be submitted to the Credentials Committee on any individually privileged impaired provider who is being followed by the PHP. The Chairperson of the PHP or their designee will present the report.

(4) Reports will be provided to the Command on a regular basis through committee minutes. The Command will be notified immediately when an impaired provider has been officially added to the PHP log.

(5) For non-individually privileged HCPs whose practice is restricted, the QA/QI Office will be notified by the PHP committee. The QA/QI office will prepare DA Form 2499 for submission to higher command.

(6) For individually privileged providers with adverse credentialing action, the Credentials Office will prepare DA Form 2499. That form will be approved and signed by the DCCS prior to submission to higher command. Providers are notified in writing of the proposed action and are afforded due process.

d. Recovery Plan

(1) For providers who undergo adverse credentialing action, a rehabilitation plan will be drafted when that impaired provider's mental or physical condition improves such that an advancement of clinical responsibility may be appropriate. That structured plan will document the progressive clinical responsibilities, timetable, and evaluations, which must be completed prior to subsequent reevaluation for reinstatement of partial or full clinical privileges. Members of the PHP will meet with the impaired provider's supervisor(s), department chief, primary physician, and, as appropriate, with other involved representatives to delineate that recovery plan.

(2) The recovery plan drafted by the ad hoc committee will be presented to the impaired provider who will be asked to review and sign it, indicating whether or not he or she agrees with the plan. If the impaired provider disagrees, he/she will have the opportunity to address any concerns to the ad hoc committee. The committee will then deliberate and amend the plan if deemed appropriate.

(3) The proposed recovery plan will be forwarded to the WRAMC Credentials Committee and to the MEDCOM Quality Improvement office. Should any disagreements between the impaired provider and the ad hoc committee persists concerning the rehabilitation plan, the impaired provider will also be asked to write an accompanying memo explaining his/her position and concerns.

(4) Should the impaired provider have further problems that interfere with recovery plan completion or should any of the periodic evaluations show unsatisfactory performance, the ad hoc committee would again meet, review, and modify or suspend the plan as appropriate.

(5) Following successful completion of the recovery plan, the impaired provider's case will be presented to the Credentials Committee for reevaluation with potential partial or complete restoration of clinical privileges at that time.

8. MANAGEMENT OF IMPAIRMENT DUE TO DRUG OR ALCOHOL ABUSE:

a. Case Identification - All active duty HCPs are required by AR 40-68 to report HCPs whose clinical practice is impaired or potentially impaired. The PHP will ensure that the Department Chief is informed and will serve as a resource to the Department Chief regarding recommendations concerning monitoring or employee confrontation.

(1) If there are concerns about alcohol or drug abuse based upon inappropriate behavior or patient care, or an odor of alcohol on the breath of a provider, the Supervisor is advised to immediately remove the individual, whether active duty or civilian, from patient care. If this occurs during usual business hours, the ASAP program should be contacted immediately for guidance and assistance. If this occurs outside of usual business hours, the Supervisor should escort the provider to the Emergency Room for evaluation, including testing for drug and alcohol levels, as clinically indicated. Although a civilian employee may refuse testing, this may be ground for suspension or termination of employment.

(2) Monitoring will be used only when there is no clear evidence with which to confront the HCP. In those cases, the Department Chief will meet with the PHP committee, and they will jointly determine the type of monitoring that will be conducted.

(3) If there is any evidence of job impairment, the Supervisor will (objectively) confront the HCP with evidence of impairment. (See subsections below). The Supervisor may request a representative of PHP to be in attendance during this session.

(a) Active duty, Reservist and National Guard HCPs will be referred to ASAP for full evaluation using DA form 8003. For active duty personnel, this will be accomplished through close coordination with the individual's Company Commander.

(b) For civilians, the supervisor of civil service HCPs will contact Civilian Personnel Office (CPO), Employee Relations Branch, for advice prior to confrontation. The supervisor of contract HCPs will contact the Contracting Officer's Representative (COR) Office whenever there is a concern about the conduct or performance of a contract employee.

(4) For active duty personnel, if the potential exists for identifying criminal misconduct, action will be coordinated with the individual's Company Commander and the JAG Office. In this instance, the supervisor will document on DA Form 3881 (Rights Warning Procedure/Waiver Certificate - available from Publications and the Center JAG Office) that the HCP has been advised of his Article 31 Uniform Code of Military Justice (UCMJ) rights. The HCP will not, under any circumstances, be questioned about the impairment without the appropriate guidance from the JAG Office and preparation and signing of the DA Form 3881. The supervisor will provide an MFR to the PHP describing the evidence, the future expectations as given to the HCP and the HCP's response.

b. Intervention - Intervention will be used when the behavior that impairs or potentially impairs clinical performance is clearly related to alcohol or other drug abuse or dependence. The HCP will be removed from direct patient contact until the committee determines that the problem is satisfactorily controlled. Impaired HCPs requiring residential treatment will have their clinical practice re-evaluated upon return to the duty station.

c. Coordination of Treatment - Treatment will be coordinated through the ASAP for active duty or civilian personnel under the provisions of AR 600-85. Health care providers, supervisors, or other individuals may refer potentially impaired providers to the appropriate Company Commander who will coordinate ASAP enrollment.

d. Aftercare/Follow up Care – Upon completing rehabilitation at a Residential Treatment Facility (RTF), the active duty HCP will begin a mandatory nonresidential follow up treatment program in ASAP for the remainder of one year as per Army regulations.

(1) An aftercare/follow up care plan will be developed, coordinated and signed upon the HCPs return from RTF. For active duty personnel, the plan will be prepared by the ASAP caseworker in consultation with the PHP and signed by the Company Commander, the supervisor, the individual, and others as deemed appropriate.

(2) The ASAP will provide the PHP with the details of the Provider's aftercare/follow-up care plan.

e. Monitoring During Aftercare/Follow up Care

(1) Evidence of compliance will be presented to the PHP monthly for one year after discharge from an RTF or entry into treatment. Beyond the first year, frequency of reporting will be at least quarterly in accordance with AR 40-68. These duty performance reports will be provided by the supervisor (form in *Appendix D*). For providers with drug related problems, results of monthly toxicology screens will be provided at least quarterly by the ASAP.

(2) If the privileges of an impaired provider are restricted, rehabilitation with documentation of a recovery plan will occur as in 7.d. above.

(3) In the event of relapse, the ASAP or the involved Supervisor will immediately notify the chairman of the PHP. A recommendation will be sent to the Credentials Committee chairman that the HCP be immediately suspended from clinical duties until a full reassessment can be accomplished. Following further expeditious evaluation by the PHP and ASAP, the PHP committee will forward further recommendations to the Credentials Committee.

(4) Unless a waiver to tour stabilization is granted, tours of duty for impaired HCPs will be stabilized at least 12 months from the date of admission to the RTF per AR 614-5.

f. Reports

(1) The case manager at the ASAP will submit monthly written reports to the PHP for the first 12 months and as contracted thereafter while the HCP is in aftercare/follow up care.

(2) The immediate supervisor will submit monthly reports to the PHP for the first 12 months and at least quarterly reports during the second year regarding the HCP's duty competence, while he/she is in aftercare/follow up care.

(3) Individuals monitoring impaired HCPs will notify the supervisor and the PHP (who will coordinate with the ASAP) immediately upon any sign of relapse or failure to follow the treatment and/or aftercare plan.

(4) Monthly progress reports will be submitted to the Credentials Committee on any impaired provider followed by the PHP who is individually privileged. The report will be presented by the Chairperson of the PHP or their designee.

(5) Reports will be provided to the Hospital Commander on a regular basis through Committee minutes, approved by the DCCS. Confidentiality will be maintained through confidential cover sheets and distribution via carrier and not via the hospital distribution system.

(6) For non-individually privileged HCPs whose practice is restricted, the credentials office prepares a DA Form 2499 for submission to higher command.

(7) For individually privileged providers with adverse credentialing action, the Credentials Office will prepare DA Form 2499. That form will be approved and signed by the DCCS prior to submission to higher command.

9. EDUCATION. The PHP will develop and implement an on-going program of education for staff on impairment, recognition of impairment and associated staff responsibilities, regulations concerning impaired providers, and the Impaired Provider program.

10. RECORDS. PHP records will be maintained in the Credentials Office under lock and key. The documents of the PHP Program are considered quality assurance documents and as such are protected under Title 10 USC, Section 1102 (b). Unauthorized disclosure is prohibited.

Appendix A

CONFIDENTIAL MEMORANDUM FOR: Walter Reed Provider Health Program

Record Of:_____

FROM:_____(PHP)

1. The undersigned have met and discussed the specific concerns and involvement of the Walter Reed Impaired Healthcare Provider Program. Specific information on the PHP's role, function and methods were discussed to the satisfaction of the above named Provider.

2. The Provider understands the interface of the Committee to the Provider, their supervisor and any other Clinicians specifically named or active in their care/program.

3. The Provider was notified that reports will be solicited from the Supervisor and any Clinician involved in their care during the interval when the Provider is officially followed by the PHP.

4. These reports are Quality Assurance documents and are protected as such. The repository of the reports is the Walter Reed Army Medical Center Credentials Office. The PHP files are maintained under lock.

5. The Provider has been given the Name of the Chair of the PHP and how he/she can be reached if there are any questions or concerns.

6. This Committee function is required in accordance with AR Reg 40-68 and WRAMC Pam 40-3.

7. This document will be used as official notification to the Provider that they are being followed by PHP. This document will be maintained in the PHP files, Credentials Office.

COMMENTS: _____
_____
_____
_____
_____
_____

_____ _____

Provider Signature Date PHP Member Signature
Date

Quality Assurance documents under 10 USC 1102. Copies of this document, enclosures thereto, and information therefore will not be further released under penalties of the law. Unauthorized disclosure carries a minimum $3,000 fine. Reference AR 40-68 (Quality Assurance Administration), para 1-7i.

Appendix B

MCHL-MAO-MS DATE:_____

MEMORANDUM FOR Walter Reed Provider Health Program (PHP)

Record of confidential outprocessing information briefing with : _____

FROM:_____(PHP committee member)

2. The purpose of this exit interview is to review with you any administrative or credentialing action that was taken while you were a Walter Reed healthcare provider followed by the Provider Health Program.

3. As your treatment program comes to a close at WRAMC, so does your involvement with the Walter Reed Provider Health Program. This is an opportunity for you to discuss our management of your case. Future access to information regarding your experiences with our committee is prohibited without your consent.

4. In the future, you need to voluntarily acknowledge the actions that this committee has taken on your behalf. Misrepresentation of substance abuse or credentialing actions of any type will result in licensure revocation or restriction. Our committee feels that it is vital that you have this information. We truly wish you well in your future endeavors.

COMMENTS: _____
_____
_____
_____
_____
_____

_____ _____

Provider Signature Date PHPC Member Signature
Date

Quality Assurance documents under 10 USC 1102. Copies of this document, enclosures thereto, and information there from will not be further released under penalties of the law. Unauthorized disclosure carries a minimum $3,000 fine. Reference AR 40-68 (Quality Assurance Administration), para 1-7i.

Appendix C

Date:

To: (Treating Provider)

Subject: Evaluation of _____ by the Walter Reed Provider Health Program Committee

1. The Walter Reed Provider Health Program Committee is responsible for ensuring that any provider at Walter Reed Army Medical Center who has a physical, psychiatric, or substance abuse problem which may impair his or her performance is evaluated, treated, and monitored appropriately. Based on review of the individual case, the Walter Reed Provider Health Program Committee also makes a decision whether to recommend to the Walter Reed Credentials Committee that clinical privileges be modified. Supervisors and health care professionals identifying potentially impaired health care providers are required to report that concern to the Walter Reed Provider Health Program Committee as per WRAMC Regulation 40-60.

2. It has come to the attention of the Walter Reed Provider Health Program Committee that the above named individual may have a condition which could possibly impair his or her ability to perform full clinical duties. (As an initial screening guide, individuals who are hospitalized or miss work due to a prolonged or indefinite medical illness or who have duty restrictions or suspected impaired duty performance require Walter Reed Provider Health Program Committee evaluation.) Accordingly, the committee is requesting a full medical report on that individual. The evaluation should include the following specific items:

a. Diagnosis: Include any significant predisposing factors, which contribute to the disorder.

b. Prognosis.

c. Potential mental impairment: Known problems or concerns with impairments in function or judgment.

d. Potential physical impairment: Work limitations imposed by the current problem and anticipated long-term prognosis.

e. Current active symptoms.

f. Current active stressors.

g. Lifetime course of illness.

h. Medication and dosages.

i. Likely side effects of medications.

j. Plan: Projected course and duration of treatment and projected frequency of treatment visits. Include plan for any administrative or medical board actions.

Appendix C (Continued)

3. Due to the potential need to recommend modification of clinical privileges, the committee requests that this information be provided no later than _____. The report should be provided to the undersigned chairperson of the Walter Reed Provider Health Program Committee and may be routed through the Walter Reed Credentials Coordinator who is also a committee member. If you are unable to provide this information by the requested date, please contact the Walter Reed Provider Health Program Committee chairperson at:

LTC Michael J. Roy, MC, USA
Chair, Walter Reed Provider Health Program Committee
Phone: 301-295-9601/202-782-5576; FAX: 301-295-3557
Pager 1749386

4. The patient's clinical supervisor is also providing our committee with a report and is available to provide information in the following areas:

a. Absenteeism related to illness
b. Areas of potentially impaired performance
c. Restriction of clinical responsibilities
d. Recent hospitalizations or other duty absences

If desired, the Walter Reed Provider Health Program Committee chairperson can place you in contact with the supervisor.

5. We understand that this evaluation is a very difficult responsibility. Nevertheless, we all owe it to our beneficiaries, our fellow providers, and our institution to identify potential problems before negative impacts result. It is also our responsibility to identify potentially impaired providers so that those providers with problems are assured of receiving the medical care, supervision, and rehabilitation that they deserve. Thank you for your help in this matter.

Sincerely,

LTC Michael J. Roy, MC, USA
Chair, Walter Reed Provider Health Program Committee

Appendix D

Date:
To: (supervisor)
Subject: Evaluation of _____ by the Walter Reed Provider Health Program Committee (PHPC)

1. The Walter Reed Provider Health Program Committee is responsible for ensuring that any provider at Walter Reed Army Medical Center who has a physical, psychiatric, or substance abuse problem, which may impair his or her performance is evaluated, treated, and monitored appropriately. Based on review of the individual case, the PHPC also makes a decision whether to recommend to the Walter Reed Credentials Committee that clinical privileges be modified. Supervisors or health care professionals identifying potentially impaired health care providers are required to report that concern to the Walter Reed Provider Health Program Committee as per AR 40-68 and WRAMC Pamphlet 40-3.

2. It has come to the attention of the Walter Reed Provider Health Program Committee that the above named individual may have a physical, psychiatric and/or substance abuse condition, which could possibly impair his or her ability to perform full clinical duties. Accordingly, the committee is requesting that you as this individual's duty supervisor perform a full duty evaluation of that individual. Your evaluation should include the following specific items:

1. Absenteeism related to illness
2. Job performance and areas of potentially impaired performance
3. Current or contemplated restriction of clinical responsibilities
4. Recent hospitalizations or other duty absences

If additional evaluations may be helpful because there is an additional supervisor who may have more knowledge concerning this case, please contact the chairperson of the Walter Reed Provider Health Program Committee. The Walter Reed Provider Health Program Committee has also made a request for a medical and/or psychiatric evaluation. If that evaluating physician needs additional information related to job performance, he or she may contact you.

3. Due to the potential need to recommend modification of clinical privileges, the committee requests that this information be provided no later than _____. The report should be provided to the undersigned chairperson of the Walter Reed Provider Health Program Committee and may be routed through the Walter Reed Credentials Coordinator who is also a committee member. If you are unable to provide this information by the requested date, please contact the Walter Reed Provider Health Program Committee chairperson at 202-782-5576 or 301-295-9601/DSN 295-9601.

4. We understand that this evaluation is a very difficult responsibility. Nevertheless, we all owe it to our beneficiaries, our fellow providers, and our institution to identify potential problems before negative results occur. It is also our responsibility to identify potentially impaired providers so that those providers with problems are assured of receiving the medical care, supervision, and rehabilitation that they deserve. Thank you for your help in this matter.

Sincerely,

LTC Michael J. Roy, MD MPH
Chair, Walter Reed Provider Health Program Committee

Quality Assurance documents under 10 USC 1102. Copies of this document, enclosures thereto, and information therefore will not be further released under penalties of the law. Unauthorized disclosure carries a minimum $3,000 fine. Reference AR 40-68 (Quality Assurance Administration), para 1-7i.

Appendix E

SUSPENSE_____

MCHL-MAO-MS Date:_____

MEMORANDUM FOR: Supervisor Clinician

FROM: Walter Reed Provider Health Program Committee (PHPC)

You are asked to respond to the following questions in regards to_____

for the month(s) of _____.

This provider is being followed by the PHPC, he/she has been notified of the Committee's role and is aware reports are being solicited. Further information is available from the PHPC (LTC Michael J. Roy, Chairperson or Susan Reed, Credentials Liaison to the PHPC, 782-3321). The report will be filed in the Provider's PHPC file, which is maintained under lock in the Credentials Office.

Please circle applicable response.

1. Ability to perform current job description	Excellent	Average Poor	N/A
2. Interpersonal work relationships	Excellent	Average Poor	N/A
3. Ability to complete tasks/assignments on time	Excellent	Average Poor	N/A
4. Overall Performance	Excellent	Average Poor	N/A

_____

_____

5. There is no evidence of relapse	Concur	Nonconcur	N/A
6. There is no evidence of deterioration of duty performance	Concur	Nonconcur	N/A

_____

_____

Comments: (Clinicians only – please provide prognosis here)

_____

_____

_____

_____
Signature

Quality Assurance documents under 10 USC 1102. Copies of this document, enclosures thereto, and information therefore will not be further released under penalties of the law. Unauthorized disclosure carries a minimum $3,000 fine. Reference AR 40-68 (Quality Assurance Administration), para 1-7i.

The proponent agency of this publication is the Department of Medicine. Send comments and suggested Improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-MAO-MS, 6900 Georgia Avenue, N.W., Washington, DC 20307-5001.

FOR THE COMMANDER:

OFFICIAL:

JAMES R. GREENWOOD
COL, MS
Deputy Commander for
Administration

ERIK J. GLOVER
MAJ, MS
EXECUTIVE OFFICER

DISTRIBUTION:
A